



GP. 1644

PATENT
Attorney Docket No. HAR-001DV

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Strominger et al.
SERIAL NO.: 08/991,628 GROUP NO.: 1644
FILING DATE: November 5, 1997 EXAMINER: T. Cunningham
TITLE: IDENTIFICATION OF SELF AND NON-SELF ANTIGENS
IMPLICATED IN AUTOIMMUNE DISEASE

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 2nd day of September, 1999.


Denise Sturges

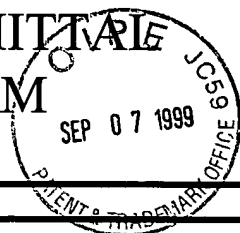
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 pg.); Supplemental Information Disclosure Statement (2 pgs.); PTO Form 1449 (1 pg.); copies of cited references B1-B6 and C1-C7; Associate Power of Attorney (1 pg.); and a return postcard.

TRANSMITTAL FORM



Application Serial Number	08/991,628
Filing Date	November 5, 1997
First Named Inventor	Strominger et al.
Group Art Unit	1644
Examiner Name	T. Cunningham
Attorney Docket No.	HAR-001DV

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input type="checkbox"/> Amendment/Response

<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input type="checkbox"/> Extension of Time Request

<input checked="" type="checkbox"/> Information Disclosure Statement
<input checked="" type="checkbox"/> Form PTO-1449
<input checked="" type="checkbox"/> Copies of IDS Citations B1-B6, C1-C7
<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)

<input type="checkbox"/> Status Letter

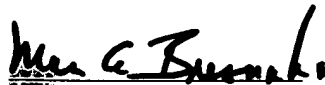
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>)

Associate Power of Attorney (1 pg.) |
|---|---|---|

CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Respectfully submitted,

 Maureen A. Bresnahan
 Atty/Agent for Applicant(s)
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 High Street Tower
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Date: September 2, 1999
 Reg. No. P-44,559
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PATENT
Attorney Docket No. HAR-001DV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Strominger et al.
SERIAL NO.: 08/991,628 GROUP NO.: 1644
FILING DATE: November 5, 1997 EXAMINER: T. Cunningham
TITLE: IDENTIFICATION OF SELF NON-SELF ANTIGENS IMPLICATED
IN AUTOIMMUNE DISEASE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In accordance with the provisions of 37 C.F.R. §1.97, Applicants hereby make of record the references listed on the accompanying Form PTO-1449 for consideration by the Examiner in connection with the examination of the above-identified patent application. Copies of the references are enclosed.

REMARKS

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed (CHECK ONE):

- ☐ (1) within three (3) months of the **Filing Date** or before the mailing date of the **First Office Action** on the merits; or
- ☒ (2) after the period defined in (1) but before the mailing date of a **Final Rejection** or **Notice of Allowance**, and
- ☒ the requisite Statement is below, **OR**
- ☐ the requisite fee under Rule 1.17(p), namely **\$240.00**, is included herein, or
- ☐ (3) after the mailing date of a **Final Rejection** or **Notice of Allowance** but before the payment of the **Issue Fee**, **AND**
- ☐ Applicant hereby Petitions the Commissioner to accept and consider the attached Information Disclosure Statement, **AND**
- ☐ the requisite Statement is below, **AND**

☐ the requisite petition fee due under Rule 1.17(i)(I), namely **\$130.00** is included herein.

It is respectfully requested that each of the references shown on the attached Form PTO-1449 be made of record in this application.

STATEMENT

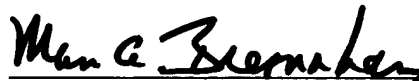
As required under §1.97(e), Applicants, through the undersigned, hereby state either that [check the appropriate space]:

- ☒ 1. [E]ach item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application **not more than** three months prior to the filing date of the Information Disclosure Statement; or
- ☐ 2. [N]o item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and to the knowledge of the person signing this Statement after making reasonable inquiry, no item of information contained in the Information Disclosure Statement was known to **any** individual designated in §1.56(c) **more than** three months prior to the filing of the Information Disclosure Statement.

FEE AUTHORIZATION

Should any fee associated with the submission of this paper not be attached hereto as a check, the Commissioner is authorized to charge the missing fee to our Deposit Account, No. 20-0531. Any overpayments should be credited to said Deposit Account.

Respectfully submitted,



Maureen A. Bresnahan
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Boston, Massachusetts 02110

Date: September 2, 1999
Reg. No. P-44,559

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